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EXPLANATION OF DEMENTIA PILOT PROJECT RATE ADJUSTMENT

The per diem for dementia care pilot demonstration projects is calculated by dividing the total award for each facility by the duration (i.e., years) of the project to determine the annual expenditure. This annual expenditure is then divided by the annualized Medicaid patient days reported by the facility to arrive at the per diem add-on.

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Section 86-2.34 Affiliation changes. (a) A hospital based residential health care facility as defined in section 86-2.10(a)(13) of this Subpart whose affiliated hospital closes its acute care beds shall notify the department within 30 days of actual complete closure of such beds. Such residential health care facility shall have its affiliation status changed to freestanding effective as of the date of actual complete closure.

(b) For purposes of establishing the allowable indirect component of the rate pursuant to subdivision (d) of section 86-2.10 of this Subpart, a hospital based residential health care facility whose affiliation changes to freestanding under circumstances described in subdivision (a) of this section may apply to the department at the same time notice of closure is given pursuant to subdivision (a) of this section for a three year phase in of its freestanding affiliation for reimbursement purposes effective the beginning of the next calendar year following actual complete closure of its acute care beds.

(1) For the rate effective January 1 of the calendar year following actual complete closure of the affiliated hospital's acute care beds, the mean indirect price per day determined pursuant to section 86-2.10(d)(4)(i) of this Subpart shall be determined by summing the product of multiplying the mean indirect price per day of the appropriate hospital based peer group by .75 and the product of multiplying the mean indirect price per day of the appropriate freestanding peer group by .25.

(2) For the rate effective January 1 of the second calendar year following actual complete closure of the affiliated hospital's acute care beds, the mean indirect price per day determined pursuant to section 86-2.10(d)(4)(i) of this Subpart shall be determined by summing the product of multiplying the mean indirect price per day of the appropriate hospital based peer group by .50 and the product of multiplying the mean indirect price per day of the appropriate freestanding peer group by .50.

(3) For the rate effective January 1 of the third calendar year following actual complete closure of the affiliated hospital's acute care beds, the mean indirect price per day determined pursuant to section 86-2.10(d)(4)(i) of this Subpart shall be determined by summing the product of multiplying the mean indirect price per day of the appropriate hospital based peer group by .25 and the product of multiplying the mean indirect price per day of the appropriate freestanding peer group by .75.

(c) For purposes of establishing the factor determined pursuant to section 86-2.12(a) of this Subpart, a hospital based residential health care facility whose affiliation changes to freestanding under circumstances described in subdivision (a) of this section and has applied for a three year phase in of the freestanding indirect component pursuant to subdivision (b) of this section shall continue to be classified as hospital based for a period of three calendar years following the actual complete closure of the affiliated hospital's acute care beds.

(d) A hospital based residential health care facility whose affiliation changed to freestanding under the circumstances described in subdivision (a) of this section that fails to notify the department within 30 days from the date of actual complete closure of the acute care beds shall not be eligible for the provisions of subdivision (b) and subdivision (c) of this section.

Such facilities shall be designated freestanding, for rate calculation purposes, pursuant to this Subpart retroactive to the date of actual complete closure of the acute care beds of the affiliated hospital.

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86-2.36 Scheduled short term care. (a) Residential health care facilities which provide scheduled short term care for residents shall be paid a per diem rate of reimbursement for such services which is the average per diem rate of reimbursement for the facility as established pursuant to this Subpart.

(b) The requirements of sections 86-2.11 and 86-2.30 relating to resident assessments (PRI) and the submission of case mix information to the Department shall not apply to scheduled short term care.

Clarifying Information:

1. Scheduled short term care is care provided to individuals who are determined to need nursing facility care but are being cared for by someone in the community, and who do not participate in a Home and Community Based Waiver program.

2. All federal nursing facility statutory and regulatory requirements, including those related to admission, discharge and transfer, continue to apply to scheduled short term care services.

3. Individuals may receive no more than 30 days of scheduled short term care for a given admission, and no more than a total of 42 days of scheduled short term care during a given year.

4. If an individual receives services in the nursing facility for a time period exceeding the maximum limits specified in (3), the admission will be considered as a normal nursing facility admission for state and federal regulatory purposes, and the reimbursement for such services will be according to the standard state nursing facility rate-setting methodology contained in this Part of the plan.

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Provider Assessments. For purposes of determining rates of payment for residential health care facilities beginning July 1, 1992 for beneficiaries eligible for medical assistance under Title XIX of the federal Social Security Act, a state assessment of 1.2% of residential health care facility gross revenues received during the period April 1, 1992 through March 31, 1994, and as may be extended by statute, shall be a reimbursable cost to be included in calculating rates of payment. The state assessment of 1.2% of RHCF gross revenues shall be in effect from April 1, 1992 through March 31, 1994, and as may be extended by statute. Effective July 1, 1995 through March 31, 1996, and as may be extended by statute, an additional state assessment of 3.8% of facility gross revenues shall be a reimbursable cost to be included in calculating rates of payment.

The reimbursable costs of facilities for purposes of calculating the reimbursement rates will be increased prospectively, beginning July 1, 1992, to reflect an estimate of the provider cost for the assessment period. As soon as practicable after the assessment period, an adjustment will be made to RHCF rates based on a reconciliation of actual assessment payments to estimated payments.[1]

[1] The extent to which a facility is reimbursed for the additional cost of the assessment is dependent upon Medicaid volume of services.

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Effective January 1, 1997, the rates of payment will be adjusted to allow costs associated with a total state assessment of 5% of facility gross revenues which shall be a reimbursable cost to be included in calculating rates of payment. Effective March 1, 1997 the reimbursable assessment will be 3.1%. Effective April 1, 1997, the total reimbursable state assessment to be included in calculating rates of payment will be 5.4%.

The reimbursable operating costs of facilities for purposes of calculating the reimbursement rates will be increased prospectively, beginning July 1, 1992, to reflect an estimate of the provider cost for the assessment for the period. As soon as practicable after the assessment period, an adjustment will be made to RHCF rates based on a reconciliation of actual assessment payments to estimated payments.[1]

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[1] The extent to which a facility is reimbursed for the additional cost of the assessment is dependent upon Medicaid volume of services.

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Appendix 13 - Patient Categories and Case Mix Indices Under the Resource Utilization Group (RUG-II) Classification System

Patient Category	Case Mix Index
Special Care A	1.51
Special Care B	1.74
Heavy Rehabilitation A	1.57
Heavy Rehabilitation B	1.79
Clinically Complex A	.70
Clinically Complex B	1.18
Clinically Complex C	1.32
Clinically Complex D	1.64
Severe Behavioral A	.69
Severe Behavioral B	1.03
Severe Behavioral C	1.25
Reduced Physical Functioning A	.55
Reduced Physical Functioning B	.83
Reduced Physical Functioning C	1.03
Reduced Physical Functioning D	1.17
Reduced Physical Functioning E	1.41

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Appendix 13 (a) - Schedule of Allowances for Operators, Administrators, and Assistant Administrators Effective for the Base Year Ending 12/31/83

BEDS	TOTAL ALLOWANCE	INDIVIDUAL ALLOWANCE
1-40	$20,690	
45	23,280	
50	25,870	
55	28,460	
60	31,050	
65	33,640	
70	36,230	
75	38,820	$36,970
80	41,410	37,930
85	44,000	38,890
90	46,590	39,850
95	49,180	40,810
100	51,770	41,770
110	54,360	42,730
120	56,950	43,690
130	59,540	44,650
140	62,130	45,610
150	64,720	46,570
160	67,310	47,530
170	69,900	48,490
180	72,490	49,450
190	75,080	50,410
200	77,670	51,370
210	80,260	52,330
220	82,850	53,290
230	85,440	54,250
240	88,030	55,210
250	90,620	56,170
260	93,210	57,130
270	95,800	58,090
280	98,390	59,050
290	100,980	60,010
300	103,570	60,970
310	106,160	61,930
320	108,750	62,890

To determine the salary allowance for facilities with bed capacities not listed above, use the following amounts:

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Effective date JAN 1 1987

BEDS	TOTAL	BEDS	INDIVIDUAL
41-100	$518 per bed	76-100	$192 per bed
100 & over	259 per bed	101 & over	96 per bed

Maximum 79,707

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Approval date FEB 21 1989

Effective date JAN 1 1987

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[Appendix 13(b)]

Counties and Regions

Region	Counties in region
ALBANY	Albany, Columbia, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Fulton
BINGHAMTON	Broome, Tioga
ERIE	Cattaraugus, Chautauqua, Erie, Niagara, Orleans
ELMIRA	Chemung, Steuben, Schuyler
GLENS FALLS	Essex, Warren, Washington
LONG ISLAND	Nassau, Suffolk
ORANGE	Chenango, Delaware, Orange, Otsego, Sullivan, Ulster
NEW YORK CITY	Bronx, Kings, Queens, Richmond, New York
POUGHKEEPSIE	Dutchess, Putnam
ROCHESTER	Livingston, Monroe, Ontario, Wayne
CENTRAL RURAL	Cayuga, Cortland, Seneca, Tompkins, Yates
SYRACUSE	Madison, Onondaga
UTICA	Herkimer, Jefferson, Lewis, Oneida, Oswego
WESTCHESTER	Rockland, Westchester
NORTHERN RURAL	Clinton, Franklin, Hamilton, St. Lawrence
WESTERN RURAL	Allegany, Genesee, Wyoming

TN 91-4 Approval Date JUL 2 - 1993
Supersedes TN 87-7 Effective Date JAN 1 - 1991